



County of San Bernardino

F A S

CONTRACT TRANSMITTAL

FOR COUNTY USE ONLY

<div>New Change Cancel</div>	Vendor Code		SC	Dent.	A	Contract Number	
County Department				Dept.	Orgn.	Contractor's License No.	
County Department Contract Representative				Telephone		Total Contract Amount	
Contract Type <input type="checkbox"/> Revenue <input type="checkbox"/> Encumbered <input type="checkbox"/> Unencumbered <input type="checkbox"/> Other:							
If not encumbered or revenue contract type, provide reason:							
Commodity Code			Contract Start Date		Contract End Date		Original Amount
Fund	Dept.	Organization	Appr.	Obj/Rev Source		GRC/PROJ/JOB No.	Amendment Amount
Fund	Dept.	Organization	Appr.	Obj/Rev Source		GRC/PROJ/JOB No.	Amount
Fund	Dept.	Organization	Appr.	Obj/Rev Source		GRC/PROJ/JOB No.	Amount
Project Name				Estimated Payment Total by Fiscal Year			
				FY	Amount	I/D	

CONTRACTOR   San Bernardino County Fire Department/Office of Emergency Services (OES)

Federal ID No. or Social Security No.   N/A

Contractor's Representative   Denise > Benson, Division Manager

Address   1743 Miro Way, Rialto, CA 92376   Phone   (909) 356-3998

Nature of Contract:   *(Briefly describe the general terms of the contract)*

THIS IS NOT A CONTRACT  
THIS IS A COVER  
TRANSMITTAL ONLY

*(Attach this transmittal to all contracts not prepared on the "Standard Contract" form.)*

Approved as to Legal Form (sign in blue ink)	Reviewed as to Contract Compliance	Presented to BOS for Signature
►	►	►

Auditor/Controller-Recorder Use Only

<input type="checkbox"/> Contract Database	<input type="checkbox"/> FAS
Input Date	Keyed By

County Counsel

Date

Date

Department Head

Date

Auditor/Controller-Recorder Use Only

<input type="checkbox"/> Contract Database	<input type="checkbox"/> FAS
Input Date	Keyed By